

Employer's First Report of Injury or Fatality

(Massachusetts)

INSTRUCTIONS:

The employer should fill out DIA Form 101 when an employee is injured, or alleges an injury, and is unable to **earn full wages for five or more calendar days** (Mondays through Sundays). It is the responsibility of the employer to report an alleged injury, whether or not the employer agrees with the employee's claim or not.

This form must be filed within **seven business days** (not counting Sundays and legal holidays), from the fifth day of disability.

The form with the original signature should be sent to:

Department Of Industrial Accidents – Department 101
600 Washington Street, 7th Floor
Boston, Massachusetts 02111

Info. Line 800-323-3242 ext. 470 in Mass. Outside Mass. – 617-727-4900 ext. 470

You should make **three** additional copies:

- One for the employee.
- One for your insurance company.
- One for your own records.

The following Codes are provided on the reverse side of this form:

- Industry Codes
- Nature of Injury or Illness Codes
- Body Part Affected Codes

The Form 101 should be filled out as fully and accurately as possible. Enter dates in mm/dd/yyyy format. Below is additional guidance for filling out some selected boxes on the form. All other relevant boxes should also be filled out.

Box 1 Please print or type the employee's last name, first name, and middle initial, as you know it.

Box 5 Please print or type the employee's address.

Box 8 Please indicate the date the employee was hired.

Box 9 Please print the employee's date of birth.

Box 10 Please print the gross amount the employee earns each week.

Box 11 Please print or type the full name of your business.

Box 13 Please print your company's address. This is the address any official notices will be sent to.

Box 15 Please print your industrial code. A directory of codes is on the back of the form. If you cannot find an appropriate code number, use 99.

Box 16 Please print the name of your workers' compensation insurance carrier (**not** the agent who sold the policy).

Box 18 If your company is certified by the DIA as a self-insurer, check yes. If it is not, check no.

Box 20 Please type the date the employee suffered the injury, or alleged injury. If you are not sure, put the last full day the employee worked.

Box 23 Please type in the **first calendar** day the employee was disabled (fully or partially) due to their injury.

Box 24 Please type in the **fifth calendar** day the employee was disabled (fully or partially) due to their injury.

Box 29 Please indicate the date that the injury was reported to you.

Box 31 Please indicate the injury code(s) and body part code(s), from the lists on the back of the form. If you cannot find an appropriate code, use 999.

Box 32 Please list the names of any witnesses to the injury.

Box 33 Indicate whether or not the employee has returned to work.

Box 34 Please print the date that the employee returned to work, if applicable.

Box 37 Please print the name of the person preparing the form (this **cannot** be the injured worker).

Box 39 Please sign here (the **original** signature must be on the form sent to the DIA).

Box 40 The date the form is prepared should be entered in this space.

Filing DIA Form 101 Electronically

The Department now has in place a procedure to file Form 101's electronically, using a log-in and password provided to insurers, self-insurers, employers and third party administrators by the Department. The Log-ins and Passwords will be provided to these parties upon request.

To request a Log-In and Password - [Request Form](#)

To request a Log-In and Password via WORD document - [Request Form](#). - This can be filled out electronically and e-mailed to the department.

How to Enter a First Report of Injury (Form 101) Online

Once you have a log-in and password, follow these steps to file on-line.

Step 1. Type the following URL into your web browser to reach DIA's intranet site - <http://www.info.dia.state.ma.us>

Login with your username and password, then click on the underlined link that says "Click here to enter a First Report of Injury: Form 101."

Step 2. To begin entering an FRI you must find the company in our database. To do that, you may enter information in any of the boxes on the screen - Company Name, Federal EIN, Mass. EIN, Street, City, or Zipcode. We recommend entering the Company Name and Federal EIN.

IMPORTANT - Do **not** enter leading zeros, dashes, or letters in the EIN field. Use **numbers only**, with no spaces between them.

Click the Search button and be patient while a list of companies that most closely match what you typed in is compiled and displayed on your screen. (Depending on the information you enter, this search may take as long as a minute.) Select the company from the list by clicking on its name.

Step 3. Now you need to select the company address where notifications should be sent. Most companies have only one such address. Select the correct one by clicking on the street address shown in blue.

Step 4. This screen is similar to the previous screen, except you are selecting the company address where the incident took place. Select it by clicking on the street address shown in blue.

Step 5. Now you are on the Employee screen where you will enter information about the employee who was injured. Notice an asterisk * in front of some fields; the asterisk denotes mandatory fields that must be filled in before you may proceed. Enter all the information about the employee and then click the Next button.

Step 6. On this next screen, enter information about the insurer. Select the insurer's name from the drop down list, type in the policy number, and select whether or not the company is self-insured.

Step 7. Here you will enter information about the injury. Click the Next button to continue.

Step 8. Now the screen will display all the information you have entered for your review. Once you are satisfied reviewing the data, click on the Submit button to finish entering the claim. If your submission goes through, you will receive a Transmittal number on the screen. Write this number down on the paper form you are using to enter the claim, or select the Print button to get a hard copy of the claim exactly as you entered it.

Some Notes and Suggestions

- When typing in dates, use four digits for the year - 2003, not 03.
- If you do not find your company, your company notification address, or your company incident address in steps 2, 3, or 4, each screen provides a way for you to enter this information manually by clicking on the buttons labelled New Company, New Address, and New Incident Address.
- If you find address information that is incorrect, click on the blue words "notify the DIA" and an email screen will appear, addressed to us. Use the email to let us know what information should be changed about your address.
- Notice a small icon that resembles a calendar next to all date fields. By clicking on that icon, you can select the date by finding it on the calendar. If you enter a date by typing it and then hit the Tab key to move to the next field, your cursor will move onto the calendar icon automatically and you will need to hit the Tab key a second time.
- Be as accurate as you can when you type in the name of your company to ensure your search is successful!